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			. 0.90 - 0.0-	
Fill in this informa	ation to identify your	case:		
Debtor 1	Brian W. Mead			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
Case number 21	I-17470-KCF			
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	3,053,850.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,694,312.19
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,748,162.19
Pai	t 2: Summarize Your Liabilities		
			l iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	2,372,604.70
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	956,759.00
			000,100100
	Your total liabilities		
Paı	Your total liabilities **T3: Summarize Your Income and Expenses		
			3,329,363.70
4.	Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I)	\$ \$	3,329,363.70 4,559.00
4. 5.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ \$ \$	3,329,363.70 4,559.00 13,736.14
4. ō. ⊃aı	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ \$ \$	3,329,363.70 4,559.00 13,736.14
4. 5.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ \$ \$	3,329,363.70 4,559.00 13,736.14
4. 5. Par	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J 14: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your Yes	\$\$ \$	3,329,363.70 4,559.00 13,736.14 chedules.

Official Form 106Sum

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Case number (if known) 21-17470-KCF Debtor 1 Brian W. Mead

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$	
		1 '	

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$

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0430 21	. 17470 WIL		Doo	cument Page 3 of 31	711/22 10.44.20	Desc Main
Fill in this informa	tion to identify	your case and th	nis filinç	j :		
Debtor 1	Brian W. Me	ad				
	First Name	Middle	e Name	Last Name		
Debtor 2 Spouse, if filing)	First Name	Middle	e Name	Last Name		
Inited States Bank	ruptcy Court for	the: DISTRICT	OF NE	/V JERSEY		
case number 21	-17470-KCF					☐ Check if this is an amended filing
ink it fits best. Be a	A/B: Pi arately list and d as complete and a space is needed,	coperty escribe items. List	le. If two	only once. If an asset fits in more than on married people are filing together, both an his form. On the top of any additional page	e equally responsible for s	upplying correct
□ No. Go to Part 2 ■ Yes. Where is the		ultable interest in a	any resid	lence, building, land, or similar property?		
.1			What	t is the property? Check all that apply		
8 Beaver Br Street address, if a	rook Road available, or other des	cription		Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
Ridgefield	СТ	06877-0000		Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
City	State	ZIP Code		Investment property	\$1,161,100.00	\$580,550.00
					Describe the nature of	your ownership interest
			Who	Other has an interest in the property? Check one	(such as fee simple, ter a life estate), if known.	nancy by the entireties, or
			Wild		,,	
Fairfield				•		
County				Debtor 1 and Debtor 2 only	Obs. of Mark 1	
				At least one of the debtors and another	Check if this is cor (see instructions)	nmunity property
				r information you wish to add about this ite	em, such as local	

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Case number (if known) 21-17470-KCF Debtor 1 Brian W. Mead If you own or have more than one, list here: 1.2 What is the property? Check all that apply 116 Hale Ave Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the White Plains NY 10605-0000 □ Land entire property? portion you own? \$648,600.00 \$324,300.00 Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one ☐ Debtor 1 only Westchester ☐ Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: 1.3 What is the property? Check all that apply 108 Locustberry Lane Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the **Jupiter** FL 33458-0000 Land entire property? portion you own? City State ZIP Code Investment property \$450,000.00 \$450,000.00 Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Palm Beach Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number:

property identification number:

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Case number (if known) 21-17470-KCF Debtor 1 Brian W. Mead If you own or have more than one, list here: 1.4 What is the property? Check all that apply 6 East 17th St Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the **Beach Haven** 08008-0000 ☐ Land NJ entire property? portion you own? City State ZIP Code Investment property \$900,000.00 \$900,000.00 Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one ■ Debtor 1 only Ocean Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property ☐ At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: 1.5 What is the property? Check all that apply 135 Seagrape Drive, Unit 204 ☐ Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the **Jupiter** FL 33458-0000 Land entire property? portion you own? ZIP Code \$400,000.00 \$400,000.00 City State Investment property ☐ Timeshare Describe the nature of your ownership interest П (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Palm Beach ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Official Form 106A/B

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Debt	or 1 <u></u>	Brian W. Mea	ad				Case n	umber (if known)	21-1	7470-KCF
	If you c	own or have	more	than one, lis	t here:					
1.6	•			ŕ		t is the property? Check all that apply				
_	127 Ha					Single-family home		Do not deduct secu	ed cla	ims or exemptions. Put
	Street addr	ess, if available, or	other des	cription		Duplex or multi-unit building				I claims on Schedule D:
						Condominium or cooperative		Creditors virio nave	Ciairi	is Secured by Property.
						1				
						Manufactured or mobile home		Current value of th	е	Current value of the
_	White F	Plains	NY	10605-0000) 🗆	Land		entire property?		portion you own?
	City		State	ZIP Code		Investment property		\$399,000.	00	\$399,000.00
						Timeshare	_	Describe the natur	o of w	our ownership interest
						Other		(such as fee simple	e, tena	incy by the entireties, or
					Who	has an interest in the property? Check	ck one	a life estate), if kno	wn.	
						Debtor 1 only	=			
_	Westch	nester				Debtor 2 only				
	County					Debtor 1 and Debtor 2 only		Check if this is	s com	munity property
						At least one of the debtors and anothe	ner	(see instructions)		,, , ,
						er information you wish to add about t	this item,	such as local		
					prop	erty identification number:				
some 3. Ca	one else ers, vans	drives. If you l	ease a		eport it on S	any vehicles, whether they are reg Schedule G: Executory Contracts ar prcycles			iny ve	hicles you own that
-	Yes									
3.1	Make:	Cadillac			Who has a	an interest in the property? Check one				ims or exemptions. Put
	Model:	SRX			Debtor	1 only				ns Secured by Property.
	Year:	2015			☐ Debtor	2 only		Current value of the	ne	Current value of the
	Approxi	imate mileage:		50000	☐ Debtor	1 and Debtor 2 only		entire property?		portion you own?
	Other in	nformation:			☐ At least	t one of the debtors and another				
						if this is community property tructions)		\$14,799.	00	\$14,799.00
3.2	Make:	Subaru			Who has a	an interest in the property? Check one				nims or exemptions. Put
	Model:	Outback			Debtor	1 only				ns Secured by Property.
	Year:	2013			Debtor			Current value of the	ne .	Current value of the
		imate mileage:		150000		1 and Debtor 2 only		entire property?		portion you own?
	Other in	nformation:			☐ At least	t one of the debtors and another				
						if this is community property structions)		\$4,013.	00	\$4,013.00

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Debtor 1	Brian W. Mead Case number (if known)	21-17470-KCF
4. Waterc	raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories s: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
■ No		
■ No		
	e dollar value of the portion you own for all of your entries from Part 2, including any entries for you have attached for Part 2. Write that number here=>	\$18,812.00
	L	
	scribe Your Personal and Household Items vn or have any legal or equitable interest in any of the following items?	Current value of the
Do you o	will of have any legal of equitable interest in any of the following items:	portion you own? Do not deduct secured claims or exemptions.
	old goods and furnishings les: Major appliances, furniture, linens, china, kitchenware	
□ No	cs. Major appliances, furniture, illiens, enina, kiterienware	
■ Yes	Describe	
	Personal furniture and miscellaneous personalty	\$11,500.00
□No	les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co including cell phones, cameras, media players, games	llections; electronic devices
■ Yes.	Describe	
	Electronics	\$1,500.00
Examp □ No	bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, of other collections, memorabilia, collectibles Describe	or baseball card collections;
	Sports equipment	\$1,000.00
Examp No □ Yes. 10. Firear Exam □ No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ar musical instruments Describe ms poles: Pistols, rifles, shotguns, ammunition, and related equipment Describe	nd kayaks; carpentry tools;
	Firearms	\$500.00
□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	\$5,000.00
	Clothing	φο,υυυ. 0 0

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Deb	otor 1	Brian W. Me	ad		Case number (if kno	wn)	21-17470-KCF
	Jewelr Examp ☑ No		welry, co	stume jewelry, eng	agement rings, wedding rings, heirloom jewelry, watches, gem	ns, g	old, silver
	Yes.	Describe					
			Jewel	ry			\$500.00
		rm animals bles: Dogs, cats,	birds, ho	rses			
		Describe					
			2 dog	s			\$2.00
14.	Any otl	her personal an	d house	hold items you did	d not already list, including any health aids you did not lis	st .	
_	■ No □ Ves	Give specific inf	ormation				
-	_ 103.	Oive specific in	omation	••••		1	
15.					Part 3, including any entries for pages you have attached		\$20,002.00
Part	4: De:	scribe Your Finan	cial Asset	ts			
Do	you ow	vn or have any l	egal or e	equitable interest i	in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	■ No		•	•	nome, in a safe deposit box, and on hand when you file your p	etitic	on
	Examp	its of money oles: Checking, s institutions.	avings, o If you ha	r other financial ac ve multiple accoun	counts; certificates of deposit; shares in credit unions, brokera ts with the same institution, list each.	ige h	ouses, and other similar
_	□ No ■ Yes				Institution name:		
			17.1.	Checking	JPMorgan Chase Bank, N.A. *1969		\$55.13
			17.2.	Checking	JPMorgan Chase Bank, N.A. *3201		\$75.05
			17.3.	Checking	JPMorgan Chase Bank, N.A. *6023		\$102.96
	Examp			cly traded stocks ent accounts with b	orokerage firms, money market accounts		
	■ No □ Yes			Institution or issue	er name:		
	Non-pເ joint v ⊒ No		ock and	interests in incor	porated and unincorporated businesses, including an inte	erest	t in an LLC, partnership, and
		Give specific inf	ormation	about them			
				me of entity:	% of ownership:		

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De	btor 1	Brian W. Mead			Case number	(if known)	21-17470-KCF
			JPMorgan Chase *1272	Bank, N.A. business checking	100	%	\$5,265.05
			Touchstone Tech	nnology Consulting Ops. Inc.	100	%	\$0.00
	Negotia Non-ne ■ No	able instruments ind	clude personal checks, ts are those you cannot	egotiable and non-negotiable instrume cashiers' checks, promissory notes, and i t transfer to someone by signing or delive	money orders.		
		nent or pension acoles: Interests in IRA		x), 403(b), thrift savings accounts, or other	pension or profi	t-sharing p	lans
	Yes. I	List each account s	eparately. Type of account:	Institution name:			
			401(k)	Fidelity Bank			\$650,000.00
	Your sl <i>Examp</i> ■ No		leposits you have made	e so that you may continue service or use ent, public utilities (electric, gas, water), tel Institution name or individual:			es, or others
	Annuiti ■ No □ Yes		periodic payment of mer	oney to you, either for life or for a number	of years)		
24.	Interest	s in an education C. §§ 530(b)(1), 529	9A(b), and 529(b)(1).	a qualified ABLE program, or under a o			gram.
	■ No		e interests in property	y (other than anything listed in line 1), a	and rights or po	wers exer	cisable for your benefit
	Examp ■ No	oles: Internet domaii		, and other intellectual property ceeds from royalties and licensing agreen	nents		
	Examp ■ No	oles: Building permit	d other general intang is, exclusive licenses, c nation about them	i bles ooperative association holdings, liquor lic	enses, professio	nal license	s
Мо	oney or p	property owed to y	/ou?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax ref ■ No	unds owed to you					

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

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Case number (if known) 21-17470-KCF

Debto	or 1	Brian W. Mead		Case number (if known)	21-17470-KCF
		r support ples: Past due or lump sum alir	mony, spousal support, child support,	maintenance, divorce settlement, property s	ettlement
	No				
	Yes.	Give specific information			
E	xamı	amounts someone owes you ples: Unpaid wages, disability i benefits; unpaid loans yo	nsurance payments, disability benefit	s, sick pay, vacation pay, workers' compens	sation, Social Security
	No Yes.	Give specific information			
	xamı	sts in insurance policies ples: Health, disability, or life in	surance; health savings account (HS	A); credit, homeowner's, or renter's insuranc	e
	Yes.		of each policy and list its value.		
		Compai	ny name:	Beneficiary:	Surrender or refund value:
		Term I	ife insurance	Cathleen Mead	\$500,000.00
so —	omed No	are the beneficiary of a living to one has died. Give specific information	ust, expect proceeds from a life insur	rance policy, or are currently entitled to receive	ve property because
			Estate of Margaret Mead, mo	ther	Unknown
<i>E</i>	xamı No		er or not you have filed a lawsuit o isputes, insurance claims, or rights to		
			Lawsuit regarding unpaid ba	lance for sale of Prosoft Tech	\$2,500,000.00
			Legal malpractice case agair	nst Loriann Delitta	Unknown
	No	contingent and unliquidated Describe each claim	claims of every nature, including c	ounterclaims of the debtor and rights to s	set off claims
	No	nancial assets you did not all	ready list		
36. <i>A</i>	Add 1	the dollar value of all of your	entries from Part 4, including any	entries for pages you have attached	\$3,655,498.19
Part 5:	De	escribe Any Business-Related Pro	operty You Own or Have an Interest In. I	List any real estate in Part 1.	
_	_	own or have any legal or equitab	le interest in any business-related prop	erty?	

Official Form 106A/B Schedule A/B: Property page 8

☐ Yes. Go to line 38.

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		Document	t Page 11 of	31	
Debt	or 1	Brian W. Mead		Case number (if known)	21-17470-KCF
Part (6: Des	scribe Any Farm- and Commercial Fishing-Related Property Yo ou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
46. D	o you	own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
I	No.	Go to Part 7.			
I	☐ Yes.	Go to line 47.			
Part 7	7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
		have other property of any kind you did not already lis	at?		
	•	les: Season tickets, country club membership			
	No	Ohan ann aite in tanna attan			
ш	res.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
Part 8	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$3,053,850.00
56.	Part 2	:: Total vehicles, line 5	\$18,812.00		
57.	Part 3	: Total personal and household items, line 15	\$20,002.00		
58.	Part 4	: Total financial assets, line 36	\$3,655,498.19		
59.	Part 5	: Total business-related property, line 45	\$0.00		
		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$3,694,312.19	Copy personal property to	otal \$3,694,312.19

Official Form 106A/B Schedule A/B: Property page 9

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,748,162.19

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Fill in this infor				
Debtor 1	Brian W. Mead			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	21-17470-KCF			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as E	xempt
--	-------

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
	8 Beaver Brook Road Ridgefield, CT	\$580,550.00		\$25,150.00	11 U.S.C. § 522(d)(1)		
	06877 Fairfield County Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit			
	2015 Cadillac SRX 50000 miles Line from Schedule A/B: 3.1	\$14,799.00		\$4,000.00	11 U.S.C. § 522(d)(2)		
	Line Irom Scriedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit			
	2013 Subaru Outback 150000 miles Line from Schedule A/B: 3.2	\$4,013.00		\$1,325.00	11 U.S.C. § 522(d)(5)		
	Line Irom Scriedule AVB. 3.2			100% of fair market value, up to any applicable statutory limit			
	Personal furniture and miscellaneous personalty	\$11,500.00		\$11,500.00	11 U.S.C. § 522(d)(3)		
	Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit				
	Electronics Line from Schedule A/B: 7.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)		
	LINE HOTH SCHEUUIE AVD. 1.1			100% of fair market value, up to any applicable statutory limit			

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Brian W. Mead			Case number (if known)	21-17470-KCF
rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
ports equipment	\$1,000.00		\$400.00	11 U.S.C. § 522(d)(3)
ite irom <i>Schedule AVB</i> . 0.1			100% of fair market value, up to any applicable statutory limit	
ewelry	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)
ite IIOIII <i>Schedule AVB</i> . 12.1			100% of fair market value, up to any applicable statutory limit	
01(k): Fidelity Bank	\$650,000.00		\$650,000.00	11 U.S.C. § 522(d)(12)
ile IIOIII Schedule AVB. 21.1			100% of fair market value, up to any applicable statutory limit	
iubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No	3 years after that for ca	ises fi	,	,
	ports equipment the from Schedule A/B: 8.1 Ewelry the from Schedule A/B: 12.1 O1(k): Fidelity Bank the from Schedule A/B: 21.1 The you claiming a homestead exemption subject to adjustment on 4/01/22 and every leading to the leading of the property cover leading to the property leading to the property cover leading to the property leading to the property cover leading to the property leading to the prop	itel description of the property and line on chedule A/B that lists this property Ports equipment schedule A/B: 8.1 Powelry ne from Schedule A/B: 12.1 Policy: Fidelity Bank ne from Schedule A/B: 21.1 Policy: Property and line on comparison of more than \$170,35 and policy: The portion you own comparison of the portion you own copy the value from Schedule A/B: 12.1 \$500.00 \$650,000.00 Property and line on copy the value from Schedule A/B: 12.1	itel description of the property and line on chedule A/B that lists this property Copy the value from Schedule A/B Ports equipment the from Schedule A/B: 8.1 Pewelry the from Schedule A/B: 12.1 Pol(k): Fidelity Bank the from Schedule A/B: 21.1 Pre you claiming a homestead exemption of more than \$170,350? Subject to adjustment on 4/01/22 and every 3 years after that for cases fill No I Yes. Did you acquire the property covered by the exemption within 1 No	The description of the property and line on the dule A/B that lists this property Copy the value from Schedule A/B: 8.1 Standard A/B: 12.1 Standard A/B

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		Document	Tage IT OF SI	
Fill in this infor	mation to identify your	case:		
Debtor 1	Brian W. Mead			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	21-17470-KCF			
(if known)				☐ Check if this is an amended filing
Official Forr	m 106D			

Schedule D: Creditors Who Have Claims Secured by Property

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately

12/15

Column C

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Column A

Column B

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Secured Claims

		s a particular claim, list the other creditor ical order according to the creditor's nan		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Brian Eklund & Brenda Pearson	Describe the property that secures	the claim:	\$175,000.00	\$900,000.00	\$0.00
•	Creditor's Name	6 East 17th St Beach Haver 08008 Ocean County	ı, NJ			
2273 W 21st St Los Angeles, CA 90018		As of the date you file, the claim is: Check all that apply. ☐ Contingent				
Number, Street, City, State & Zip Code Unliquidated						
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	ebtor 1 only ebtor 2 only	☐ An agreement you made (such as car loan)	mortgage or sec	ured		
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien)		echanic's lien)				
☐ At	least one of the debtors and another	☐ Judgment lien from a lawsuit				
	neck if this claim relates to a ommunity debt	Other (including a right to offset)	Mortgage			
Date	debt was incurred	Last 4 digits of account num	nber			

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Debtor 1 Brian W. Mead		Case number (if known)	21-17470-KCF	
First Name Middle N	ame Last Name			
2.2 Chase Mortgage	Describe the property that secures the claim:	\$86,915.00	\$1,161,100.00	\$0.00
Creditor's Name	8 Beaver Brook Road Ridgefield, CT			
Chase Records	06877 Fairfield County			
Center/Attn: Corresp	As of the date you file, the claim is: Check all that			
Mail Code LA4 5555 700 Kansas Lane	apply.			
Monroe, LA 71203	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	9		
Date debt was incurred 1996	Last 4 digits of account number 8087	7		
2.3 Chase Mortgage	Describe the property that secures the claim:	\$40,440.00	\$648,600.00	\$0.00
Creditor's Name	116 Hale Ave White Plains, NY			
Chase Records	10605 Westchester County			
Center/Attn: Corresp Mail Code LA4 5555	As of the date you file, the claim is: Check all that			
700 Kansas Lane	apply.			
Monroe, LA 71203	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	9		
Date debt was incurred 1996	Last 4 digits of account number 3065	5		

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Debtor 1 Brian W. Mead			Case number (if known)	21-17470-KCF	
	First Name Middle N	lame Last Name			
2.4	Internal Revenue Service	Describe the property that secures the claim:	\$2,070,249.70	\$0.00	\$2,070,249.7 0
Who	Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101 Number, Street, City, State & Zip Code	8 Beaver Brook Road Ridgefield, CT 06877 116 Hale Ave White Plains, NY 10605 6 East 17th St Beach Haven, NJ 08008 108 Locustberry Lane Jupiter, FL 33458 135 Seagrape Drive, Unit 204 Jupiter, FL 33458 127 Hale Ave White Plains, NY 10605 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.			
	Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
	Debtor 2 only	car loan)			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
— /	At least one of the debtors and another	☐ Judgment lien from a lawsuit			
	Check if this claim relates to a community debt	Other (including a right to offset) Tax lien			
Date	e debt was incurred	Last 4 digits of account number 201	6		
If t	this is the last page of your form, add rite that number here:	Column A on this page. Write that number here: the dollar value totals from all pages. or a Debt That You Already Listed	\$2,372,604 \$2,372,604		
Use tryir than	this page only if you have others to b ig to collect from you for a debt you c	oe notified about your bankruptcy for a debt that y owe to someone else, list the creditor in Part 1, an t you listed in Part 1, list the additional creditors h	d then list the collection age	ency here. Similarly, if y	ou have more
[]	Name, Number, Street, City, State & Keith Bonchi, Esquire 660 New Road, 1st Fl	·	which line in Part 1 did you ent		

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		Document	Page 17 01 3.	<u>L</u>		
Fill in this informat	ion to identify your	case:				
Debtor 1	Brian W. Mead					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankro	uptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number 21-	17470-KCF					
(if known)	17470-101					if this is an ed filing
Official Form 1	106E/F					
		ho Have Unsecured	Claims			12/15
Schedule G: Executory Schedule D: Creditors left. Attach the Continu name and case numbe	/ Contracts and Unexp Who Have Claims Sec Jation Page to this pag	that could result in a claim. Also libited Leases (Official Form 106G). Dured by Property. If more space is ge. If you have no information to regulate the course of the c	o not include any cred needed, copy the Part y	itors with partially s ou need, fill it out,	ecured claims that a number the entries ir	re listed in the boxes on the
1. Do any creditors I	have priority unsecure	d claims against you?				
☐ No. Go to Part	2.					
Yes.						
possible, list the cla Part 1. If more than	aims in alphabetical orden n one creditor holds a pa	as both priority and nonpriority amouner according to the creditor's name. If articular claim, list the other creditors in see the instructions for this form in the	you have more than two n Part 3.			
	evenue Service	Last 4 digits of accou	nt number	Unknown	Unknown	Unknown
Priority Credito		When was the debt in	curred?			
Operations PO Box 73		When was the dest in			-	
Number Stree	t City State Zip Code	As of the date you file	, the claim is: Check all	that apply		
Who incurred th	e debt? Check one.	Contingent				
☐ Debtor 1 only		☐ Unliquidated				
Debtor 2 only						
Debtor 1 and	Debtor 2 only	Disputed	and alaims			
At least one o	f the debtors and anothe	Type of PRIORITY uns □ Domestic support of				
☐ Check if this	claim is for a commu	nity debt Taxes and certain o	ther debts you owe the g	overnment		
Is the claim subj	ect to offset?		personal injury while you			
			, ,, ,			
■ No		Other Specify				
■ No □ Yes		Other. Specify	deral income tax			
		Other. Specify	deral income tax			
☐ Yes	f Vour NONDDIODIO	Fe	ederal income tax			
☐ Yes Part 2: List All of		Fe TY Unsecured Claims	ederal income tax			
Part 2: List All of 3. Do any creditors I	have nonpriority unsec	TY Unsecured Claims				
Part 2: List All of 3. Do any creditors I	have nonpriority unsec	Fe TY Unsecured Claims				

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debto	Brian W. Mead	Case number (if known) 21-17470-KCF	
4.1	Anesthesia Associates of Danbury	Last 4 digits of account number	\$840.00
	Nonpriority Creditor's Name 6 Germantown Road #5	When was the debt incurred?	
	Danbury, CT 06810 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Small claims judgment	
4.2	Chase Card Services	Last 4 digits of account number	\$4,413.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298	When was the debt incurred?	
	Wilmington, DE 19850		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.3	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	\$3,459.00
	Attn: Bankruptcy PO Box 15298	When was the debt incurred?	
	Wilmington, DE 19850		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Credit card purchases	

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Case number (if known) 21-17470-KCF

Deptor	Brian W. Mead	Case number (if known) 21-1/4/U-KCF	
4.4	Contemporary Dental Implants Nonpriority Creditor's Name	Last 4 digits of account number	\$5,000.00
	1825 Barnum Ave, Ste 303 Stratford, CT 06614	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical bills	
4.5	Credit One Bank Na	Last 4 digits of account number	\$660.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	
	Las Vegas, NV 89193 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.6	Danbury Hospital / Nuvance Nonpriority Creditor's Name	Last 4 digits of account number	\$4,000.00
	24 Hospital Ave	When was the debt incurred?	
	Danbury, CT 06810 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam's. One of all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	Other Specific Medical bills	

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Debioi	Brian W. Mead	Case number (ir known) 21-1/4/U-K0	JF
4.7	Danbury Hospital / Nuvance Nonpriority Creditor's Name	Last 4 digits of account number	\$372.00
	24 Hospital Ave Danbury, CT 06810	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical bills	
4.8	Inspira Medical Center Nonpriority Creditor's Name	Last 4 digits of account number 2021	\$937,500.00
	333 Irving Avenue Bridgeton, NJ 08302	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Judgment	
4.9	Saint Barnabas Medical Center	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 94 Old Short Hills Rd Livingston, NJ 07039	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical bills	
		- m.o., -poon,	

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Debtor	Brian W. Mead		Case nu	mber (if known) 21-1747	70-KCF
4.1	SWC Group	Last 4 digits of account nur	mber		\$515.00
	Nonpriority Creditor's Name 4120 International Parkway #100 Carrollton, TX 75007	When was the debt incurred	d?		
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the o	claim is: Check	all that apply	
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unse	ecured claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a report as priority claims	a separation agr	reement or divorce that you did	not
	■ No	Debts to pension or profit-	sharing plans, a	and other similar debts	
	☐ Yes	Other. Specify Collect	tion accoun	t for Comcast	
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed			
is tryir have n	is page only if you have others to be notified ng to collect from you for a debt you owe to s nore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out	omeone else, list the original cred at you listed in Parts 1 or 2, list the	itor in Parts 1 o	or 2, then list the collection ag	gency here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 d			
•	art & Scatchard, PA	Line 4.8 of (Check one):		Creditors with Priority Unsecured	
	Midlantic Dr, Ste 300S x 5016		■ Part 2: 0	Creditors with Nonpriority Unsec	cured Claims
Mount	Laurel, NJ 08054	Last 4 digits of account number			
Name ar	nd Address	On which entry in Part 1 or Part 2 d	id you list the or	iginal creditor?	
	Center Inc.	Line 4.6 of (<i>Check one</i>):		Creditors with Priority Unsecured	
	Bankruptcy nce Dr		■ Part 2: 0	Creditors with Nonpriority Unsec	cured Claims
	iry, CT 06810				
		Last 4 digits of account number			
	nd Address	On which entry in Part 1 or Part 2 d	·	•	
	Center Inc. Bankruptcy	Line 4.7 of (Check one):		Creditors with Priority Unsecured	
7 Fina	nce Dr		■ Part 2: 0	Creditors with Nonpriority Unsec	cured Claims
Danbu	ry, CT 06810	Last 4 digits of account number			
Name ar	nd Address	On which entry in Part 1 or Part 2 d	id vou list the or	riginal creditor?	
John F	P. Lacey, Esquire	Line 4.9 of (Check one):	·	Creditors with Priority Unsecured	d Claims
	ell Foley, LLP ewark Center		Part 2: 0	Creditors with Nonpriority Unsec	cured Claims
	ewark Center Raymond Blvd, 19th Fl				
	k, NJ 07105				
		Last 4 digits of account number			
Part 4:	Add the Amounts for Each Type of U	nsecured Claim			
	the amounts of certain types of unsecured cla f unsecured claim.	aims. This information is for statis	tical reporting	purposes only. 28 U.S.C. §159	9. Add the amounts for each
				Total Claim	
Total	6a. Domestic support obligation	ns	6a.	\$	0.00
claims from Pa	rt 1 6b. Taxes and certain other deb	ts you owe the government	6b.	\$	0.00
	0 01:1: (1:1)				

	6a.	Domestic support obligations	6a.	\$	0.00
Total				_	
claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
				_	

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Case number (if known) Debtor 1 Brian W. Mead 21-17470-KCF Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 956,759.00 Total Nonpriority. Add lines 6f through 6i. 6j. 956,759.00

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Fill in this infor	mation to identify your	case:			
Debtor 1	Brian W. Mead				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	Y		
Case number	21-17470-KCF				
(if known)				☐ Check if amended	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Amelia Romando 127 Hale Ave White Plains, NY 10605	Not receiving any rent (rent is being paid directly to the trustee)
2.2	Elio Miranda 116 Hale Ave White Plains, NY 10605	Not receiving any rent
2.3	George Lesinck 135 Seagrape Drive, Unit 204 Jupiter, FL 33458	Not receiving any rent
2.4	Zsuzanna Valisik 106 Locustberry Lane Jupiter, FL 33458	Not receiving any rent

Fill in th	his information to identify your	case:		
Debtor '	1 Brian W. Mead			
5	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case nu	umber 21-17470-KCF			
(if known)	21-17470-ROT			☐ Check if this is an amended filing
Offici	ial Form 106H			
	edule H: Your Cod	ebtors		12/15
eople a ill it out our nar	are filing together, both are equ c, and number the entries in the me and case number (if known)	ally responsible for supplying boxes on the left. Attach the A . Answer every question.	may have. Be as complete and acci correct information. If more space is additional Page to this page. On the t	needed, copy the Additional Page,
1. D	Oo you have any codebtors? (If	you are filing a joint case, do not	list either spouse as a codebtor.	
■ Y	/es			
			y state or territory? (Community properioo, Texas, Washington, and Wisconsin	
	No. Go to line 3.			
	vo. Go to line 3. ∕es. Did your spouse, former spo	use, or legal equivalent live with	you at the time?	
	, , ,			
in li For	ine 2 again as a codebtor only i	f that person is a guarantor or	se as a codebtor if your spouse is fil cosigner. Make sure you have listed (Official Form 106G). Use Schedule I	the creditor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code	Column 2: The Check all sched	creditor to whom you owe the debt ules that apply:
3.1	Kathleen Mead		☐ Schedule D	, line
	8 Beaver Brook Road Ridgefield, CT 06877		■ Schedule E	
	Magenera, C1 00011		☐ Schedule G Internal Rever	
			internai Rever	nue Service
3.2	Kathleen Mead		■ Schedule D	, line 2.3
	8 Beaver Brook Road Ridgefield, CT 06877		☐ Schedule E	
	Magenera, OT 00077		☐ Schedule G	
			Chase Mortga	ge
3.3	Kathleen Mead		■ Schedule D	
	8 Beaver Brook Road Ridgefield, CT 06877		☐ Schedule E	
	itagonola, o i voori		☐ Schedule G	
			Chase Mortga	ige

Case 21-17470-MEH Doc 117 Filed 03/11/22 Entered 03/11/22 18:44:25 Desc Main Document Page 25 of 31

Debtor 1	Brian W. Mead	Case number (if known) 21-17470-KCF
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Kathleen Mead 8 Beaver Brook Road Ridgefield, CT 06877	■ Schedule D, line □ Schedule E/F, line □ Schedule G Internal Revenue Service
3.5	Touchstone Technology Consulting Ops Inc 8 Beaver Brook Rd Ridgefield, CT 06877	☐ Schedule D, line ■ Schedule E/F, line4.8 ☐ Schedule G Inspira Medical Center

Case 21-17470-MEH Doc 117 Filed 03/11/22 Entered 03/11/22 18:44:25 Desc Main Document Page 26 of 31

Fill	in this information to identify your c	ase.				1				
	otor 1 Brian W. Me									
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	IERSEY							
Cas	se number 21-17470-KCF					Check if	this is:			
(If kr	nown)		-			☐ An a	mende	d filing		
									g postpetition ollowing date:	
0	fficial Form 106I					MM /	/ DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
atta	use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment		onal pages, write yo			d case numb	ber (if k	(nown). A	answer every	
	information.		Debtor 1						ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				l Emplo l Not er	oyed mployed		
	employers.	Occupation	Unemployed			Uı	nempl	oyed		
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write \$0) in the	space. Inc	clude your noi	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	empl	oyers for that	t perso	n on the li	nes below. If	you need
						For Debtor	r 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.0	00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Copy line 4 here 4. \$ 0.00 \$ 0.00 5. List all payroll deductions: 5. Tax, Medicare, and Social Security deductions 5. Tax, Medicare, and Social Security deductions 5. No Mandatory contributions for retrement plans 5. Voluntary contributions for retrement plans 5. Voluntary contributions for retrement plans 5. No Security deductions 5. Voluntary contributions for retrement plans 5. No Security deductions 5. No Demetric support obligations 5. No Demetric support obligations 5. Union dues 5. No Demetric support obligations 6. No Demetric support obligations 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. No Line recommendation of the support obligations of the support obligations obligations obligations obligations obligations of the support obligations obligations obligations of the support obligations obligations obligations of the support obligations obligat	Debt	tor 1	Brian W. Mead	_	Case	number (if known)	21-1747	0-KCF	
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Social Part Social Security deductions Social Security					_				
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8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Family contributions 8h. Va,559.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,559.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. **Schedule J.** Specify: 12. **Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? 14. **Schedule J.** Specify: 15. **A,559.00** Combined monthly income. 16. **Other monthly income.** 17. **Schedule J.** Specify: 18. **O.00** Specify: 19. **A,559.00** Specify: 10. **Schedule J.** Specify: 11. **Schedule J.** Specify: 12. **A,559.00** Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?									
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10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,559.00 Combined monthly income No.		OH.	ranning continuous			4,559.00	΄ Ψ	0.00	-
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Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,559.00 Combined monthly income No.						•			0.00
13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Write	e that amount on the Summary of Schedules and Statistical Summary of Certa				, if it	12. \$	4,559.00
13. Do you expect an increase or decrease within the year after you file this form? No.									
■ No.	12	Do 11	you expect an increase or decrease within the year after you file this form	2				monthly	y income
	13.	_							
				al pro	pertio	s and is now	unemploy	.ed	

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:					
Deb	btor 1 Brian W. Mead			Che □	eck if this is: An amended filing	
	botor 2					wing postpetition chapter the following date:
Unit	ited States Bankruptcy Court for the: DISTRICT OF	NEW JERSEY			MM / DD / YYYY	
1	se number 21-17470-KCF (known)					
Of	fficial Form 106J					
	chedule J: Your Expenses					12/1:
info	as complete and accurate as possible. If two ormation. If more space is needed, attach and mber (if known). Answer every question.					
Par 1.	rt 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate ho	usehold?				
	☐ No ☐ Yes. Debtor 2 must file Official Forr	n 106J-2, <i>Expenses</i>	for Separate House	<i>hold</i> of De	btor 2.	
2.	Do you have dependents? ☐ No					
	· · · · · · · · · · · · · · · · · ·	t this information for dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.		Son		25	□ No ■ Yes
			Daughter		30	□ No ■ Yes
					_	□ No □ Yes
					<u> </u>	☐ Yes ☐ No
3.	Do your expenses include ■ No.				_	☐ Yes
0.	expenses of people other than yourself and your dependents?					
Est	Estimate Your Ongoing Monthly Experimate your expenses as of your bankruptcy penses as of a date after the bankruptcy is fill plicable date.	filing date unless yo				
the	clude expenses paid for with non-cash govern e value of such assistance and have included fficial Form 106l.)				Your exp	enses
4.	The rental or home ownership expenses for payments and any rent for the ground or lot.	or your residence. In	nclude first mortgage	4.	\$	3,400.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or renter's insu			4b.	\$	0.00
	4c. Home maintenance, repair, and upkeep4d. Homeowner's association or condomini	•		4c. 4d.		0.00
5.	Additional mortgage payments for your res		ne equity loans	4u. 5.	·	0.00 0.00

Deb	otor 1 Brian W. Mead	Case number (if know	n) 21-17470-KCF
6.	Utilities:		
-	6a. Electricity, heat, natural gas	6a. \$	1,500.00
	6b. Water, sewer, garbage collection	6b. \$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	500.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	2,000.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	200.00
	Personal care products and services	10. \$	200.00
11.		11. \$	300.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	Charitable contributions and religious donations	14. \$	100.00
	Insurance.	🕶	100.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	800.00
	15b. Health insurance	15b. \$	175.00
	15c. Vehicle insurance	15c. \$	184.00
	15d. Other insurance. Specify:	15d. \$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
17	Installment or lease payments:	10. Ф	0.00
.,.	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report		0.00
10	deducted from your pay on line 5, Schedule I, Your Income (Official Form 10)		
19.	Other payments you make to support others who do not live with you. Specify:	\$ 19.	0.00
20.			<u>a</u> .
_0.	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Mortgage for 116 Hale Ave White Plains, NY	21. +\$	1,400.00
	Mortgage for 6 E 17th St Beach Haven, NJ	+\$	688.00
	Property taxes for 6 E 17th St Beach Haven, NJ	+\$	741.67
	Homeowners ins for 6 E 17th St Beach Haven, NJ	+\$	416.67
	Homeowners ins for 127 Hale Ave White Plains, NY	+\$	246.00
	Homeowners ins 108 Locustberry Lane Jupiter, FL	+\$	192.40
	Homeowners ins 135 Seagrape Drive, Unit 204 Jupiter, FL	+\$	192.40
22.	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	13,736.14
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2 \$	• • • • •
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	13,736.14
23	Calculate your monthly net income.		
23.	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,559.00
	23b. Copy your monthly expenses from line 22c above.	23b\$	4,559.00 13,736.14
	200. Copy your monthly expenses from line 226 above.	200ψ	13,730.14
	23c. Subtract your monthly expenses from your monthly income.		0.4== 4.4
	The result is your monthly net income.	23c. \$	-9,177.14

Case 21-17470-MEH Doc 117 Filed 03/11/22 Entered 03/11/22 18:44:25 Desc Main Document Page 30 of 31

Debtor	r 1 Brian W. Mead	Case number (if known)	21-17470-KCF
Fo m	Do you expect an increase or decrease in your expenses within for example, do you expect to finish paying for your car loan within the year or nodification to the terms of your mortgage? No.		ase or decrease because of a
	Yes. Explain here: Still need annual property taxe -116 Hale Ave White Plains, NY 10605 -108 Locustberry Lane Jupiter, FL 33458 -135 Seagrape Drive, Unit 204 Jupiter, FL 3		

Official Form 106J Schedule J: Your Expenses page 3

Fill in this info	ormation to identify your	case:			
Debtor 1	Brian W. Mead				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case number	21-17470-KCF				
(if known)					Check if this is an amended filing
You must file to	his form whenever you fi	n connection with a bankru	r amended schedules.	rect information. . Making a false statement, coin fines up to \$250,000, or imp	
Si	gn Below				
Did you բ	pay or agree to pay some	one who is NOT an attorne	ey to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person				etition Preparer's Notice, nature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the summ	ary and schedules file	d with this declaration and	
X /s/ Br	rian W. Mead		x		
	W. Mead		Signature of	Debtor 2	
Signa	ture of Debtor 1				
Date	March 11, 2022		Date		